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| PETITION FOR EXTENSION OF TIME UND  |   | <del></del>  | ptional) 98RSS350-Div   |
|   | In re Application of R  | ahul Magoon  |   |
|   | Application Number 10   | /779,879   | Filed 2/18/2004   |
| ·   | For PROGRAMMA   | BLE FREQUE   | NCY DIVIDER   |
|   | Art Unit 2816   | Examiner L   | am  |
| This is a request under the provisions of 37 CFR application.   | 1.136(a) to extend the period   | d for filing a reply i   | n the above identified  |
| The requested extension and appropriate non-sm  | all-entity fee are as follows   | (check time period   | desired):   |
| One month (37 CFR 1.17(a)(1))   |   |  | 430.00  |
| Two months (37 CFR 1.17(a)(2))  |   |  | s_430.00  |
| ☐ Three months (37 CFR 1.17(a)(3))  |   |  | \$  |
| Four months (37 CFR 1.17(a)(4))   |   |  | ·   |
| ☐ Five months (37 CFR 1.17(a)(5))   |   |  | \$  |
| Applicant claims small entity status. See 37 half, and the resulting fee is: \$   |   | ee amount shown  | above is reduced by one-  |
| ☐ A check in the amount of the fee is end   | losed.  |  |   |
| Payment by credit card. Form PTO-203  | 38 is attached.   |  |   |
| ☐ The Director has already been authoriz  | ed to charge fees in this   | application to a l   | Deposit Account.  |
| The Director is hereby authorized to ch to Deposit Account Number   |   | be required, or  | credit any overpayment,   |
| I have enclosed a duplicate copy of this  | s sheet.  |  |   |
| I am the applicant/inventor.  |   |  |   |
|   | he entire interest. See 37<br>7 CFR 3.73(b) is enclose  |  | /96).   |
| attorney or agent of re-  | cord. Registration Numb   | er 41,125  | ·····   |
| attorney or agent unde<br>Registration number if a  | er 37 CFR 1.34(a).<br>cting under 37 CFR 1.34(a)  |  |   |
| WARNING: Information on this form may on this form. Provide credit card information   | become public. Credit card ation and authorization on P   | information should<br>0,2038.  | not be included   |
| f Dec 8 2004  | / // //   | 19/  |   |
| Date  | LAUT  | Signa  | ture  |
| 6192401-8093  | U   | Miam J. Kolegraff  |   |
| Telephone Number  |   | Typed or prii  |   |
| NOTE: Signatures of all the invergers or assignees of record of signature is required the below.  | the entire interest or their represer   | tative(s) are required. S  | ubmit multiple forms if more than one   |
| ☐ Total of ☐ ☐ form   | ns are submitted.   |  |   |
| This collection of information is required by 37 CFR 1.136(a). The<br>USPTO to process) an application sometidentiality is governed be<br>including gathering, preparing, and submitting the completed app<br>on the amount of time where recomplete this form and/or stand<br>and Trademark Office, 11.5. Department of Commerce, P.O. Box 1-<br>ADDRESS. SEND TO be ommissing or Patants, P.O. Box 1- | y 35 U.S.C. 122 and 37 CFR 1.14.<br>dication form to the USPTO. Time<br>aggestions for reducing this burden<br>1450, Alexandria, VA 22313-1450. | This collection is estima<br>will vary depending upon<br>should be sent to the C | ated to take 6 minutes to complete,<br>in the individual case. Any comments<br>Third Information Officer, U.S. Patent |
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430.00 Op

Docket No: 26169-125-601

| Accompanying Application (c ntinued)   |                |                    |              |                   |                   |
|--|----------------|--------------------|--------------|-------------------|-------------------|
| 17. X Additional enclosures (please identify below):   |                |                    |              |                   |                   |
| Application Data Sheet   |                |                    |              |                   |                   |
|  |                | Fee Calcul         | ation and Te | ansmittal         |                   |
| The filing fee for thi   | s utility pate | ent application is | calculated a | nd transmitted as | follows:          |
| X Large Entity Small Entity  |                |                    |              |                   |                   |
|  |                | CLA                | IMS AS FILE  | D                 |                   |
| For  | # Filed        | # Allowed          | # Extra      | Rate              | Fee               |
| Total Claims   | 11             | 20 =               | 0            | <b>X</b>          | \$0.00            |
| Independent<br>Claims  | 2              | 3 =                | 0            | ×                 | . \$0.00          |
| Multiple Depen   | dent Claim     | s (check if appli  | cable)       |                   |                   |
| Other Fees (spe  | ecify purpo    | ose):              |              |                   |                   |
|  |                |                    |              | BASIC FEE         | \$770.00          |
| TOTAL FILING FEE \$770.00  |                |                    |              | \$770.00          |                   |
| Check in the amount of \$770.00 to cover the total filing fee are enclosed.      The Commissioner is hereby authorized to charge and Deposit Account No. 50-0311 as described below. A duplicate copy of this sheet is enclosed. |                |                    |              |                   |                   |
| Charge the amount of as filing fee.  |                |                    |              |                   |                   |
| X Credit any overpayment.  |                |                    |              |                   |                   |
| X Charge any additional filing fees required under 37 C.F.R. 1.16 and 1.17.  |                |                    |              |                   |                   |
| Charge the issue fee set in 37 C.F.R. 1.18 at the mailing of the Notice of Allowance, pursuant to 37 C.F.R. 1.31(b).   |                |                    |              |                   |                   |
|  |                |                    |              |                   |                   |
| Hacas  |                |                    |              | Dated:            | February 18, 2004 |
| Rick A. Toering<br>Reg. No. 43,195<br>MINTZ LEVIN CO<br>11911 Freedom I<br>Reston, Virginia<br>703-464-4800  | Drive, Suite   | IS GLOVSKY AN      | D POPEO P    | c                 |                   |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control n PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 779879 CLAIMS'AS FILED - PART I OTHER THAN OR SMALL ENTITY (Column 1) SMALL ENTIT (Column 2) **FOR NUMBER FILED** NUMBER EXTRA **RATE** FEE RATE BASIC FEE (37 CFR 1.16(a)) OR **TOTAL CLAIMS** (37 CFR 1.16(c)) minus 20 = OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 = OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR \* If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 2) (Column 3) (Column 1) **SMALL ENTITY** SMALL ENTITY CLAIMS HIGHEST REMAINING NUMBER **PRESENT** RATE ADDI-RATE ADI AMENDMENT **EXTRA AFTER PREVIOUSLY** TIONAL **401T AMENDMENT** PAID FOR FEE FE Total Minus 20 (37 CFR 1.16(c)) OR X S Independent (37 CFR 1.16(b)) Minus 3 OR X \$ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR + \$ TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST  $\mathbf{\omega}$ **PRESENT** REMAINING NUMBER RATE ADDI-RATE ADE AMENDMENT **AFTER EXTRA PREVIOUSLY** TIONAL TION AMENDMENT PAID FOR FEE FEI Total Minus (37 CFR 1.16(c)) OR Independent Minus X \$ X \$ OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE

|             |   | (Column 1)                                |       | (Column 2)                                  | (Column 3)       |  |
|-------------|---|---|-------|---|------------------|--|
| AMENDMENT C |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |  |
|             | Total<br>(37 CFR 1.16(c))                                       | •   | Minus | ••  | =                |  |
|             | Independent<br>(37 CFR 1 16(b))                                 | •   | Minus | •••   | Ξ                |  |
| A           | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(d)) |   |       |   |                  |  |

| RATE               | ADDI-<br>TIONAL<br>FEE |
|--------------------|------------------------|
| x \$=              |                        |
| x \$=              |                        |
| + \$=              |                        |
| TOTAL<br>ADD'L FEE |                        |

| RATE               | ADC<br>TION<br>FEE |
|--------------------|--------------------|
| X \$ =             |                    |
| x \$=              |                    |
| + 3=               |                    |
| TOTAL<br>ADD'L FEE |                    |

OR

OR

OR

OR

<sup>•</sup> If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.